

Please complete the following additional questionnaire for all snorers

This helps us to process your referral

Name

Date of birth

Tick all that apply

- I am a loud snorer
- I wake up with choking / obstructive episodes
- My working life is severely affected by daytime sleepiness
- My driving severely affected by daytime sleepiness
- My partner has noticed episodes of me stopping breathing
- I regularly wake unrefreshed in the morning
- My neck collar size is over 17.5 inches
- I have noticed personality change, reduced sex drive or passing urine at night

Complete the following

Actual neck collar size inches

Smoking status Never smoked / Stopped / Currently smoke (complete next section)

Amount smoked per day

Alcohol intake per week

What have you tried already yourself to help with snoring

For example, weight loss, stopping smoking, reducing alcohol intake